Washington State Department of Social & Health Services

ADOPTION SUPPORT PROGRAM
TOLL-FREE: 1-800-562-5682

ADOPTION SUPPORT APPLICATION

This form is to be completed by the prospective adoptive parent(s) for the child being adopted.
If you need more room, attach additional pages. Please make a notation of this in the appropriate space below.

BIRTH NAME OF CHILD BEING ADOPTED (LAST, FIRST, MIDDLE)	DATE OF BIRTH

A. PROSPECTIVE ADOPTIVE PARENT(S)

NAME(S) (LAST, FIRST, MIDDLE)	BIRTHDATE	RACE	CURRENT OCCUPATION	WORK TELEPHONE

ADDRESS	CITY	STATE ZIP CODE	HOME TELEPHONE

B. ADOPTEE

1. DESCRIBE THE SPECIAL NEEDS OF THE ADOPTEE AND ANY UNUSAL COSTS AND/OR SERVICES YOU BELIEVE ARE NECESSARY TO MEET THOSE NEEDS.

C. RESOURCES AVAILABLE TO CHILD

1. LIST RESOURCES AVAILABLE TO MEET THE SPECIAL NEEDS OF YOUR CHILD

- ☐ Division of Developmental Disabilities (DDD)
- ☐ Social Security Administration (SSA)
- ☐ Supplemental Security Income (SSI) (disabled child)
- ☐ Child's inheritance
- ☐ Other (specify):

2. MEDICAL INSURANCE OF PARENT 1 FROM ABOVE	3. MEDICAL INSURANCE OF PARENT 2 FROM ABOVE
COMPANY NAME	COMPANY NAME

4. Will the adopted child be added to this insurance? ☐ Yes ☐ No; if no, reason:

5. LIST ANY UNUSUAL COSTS YOUR FAMILY HAS (I.E. HOSPITALIZATION COSTS, EDUCATION, ETC.)

6. Annual gross family income (do not include foster care maintenance or other foster care related payments):

$ _____

How many persons are dependent on this income including the new child to be adopted (Do not include Foster Children)? _____

☐ **Attach copy of most recently filed IRS 1040.**

D. FAMILY REQUEST FOR SERVICES

We hereby apply for Adoption Support services for the benefit of the above named child:

☐ Medical coverage (Medicaid/Title XIX) ☐ Counseling ☐ Monthly cash payments of $ _____
☐ Childcare (employment related - if eligible through adoption support program)

We (I) understand and agree that a review of support payments will be made at least once every five years and that a copy of our (my) federal income tax return (IRS 1040) must be sent to the Adoption Support Program if requested as long as we (I) continue to receive Adoption Support payments/services.

PARENT'S SIGNATURE	DATE	PARENT'S SIGNATURE	DATE

DISTRIBUTION: Adoption Support Program Field Case File Adoptive Family